RUN DATF.				NORTH CAROLINA		PA	GE: 1	
	: 05/21/2006			RS CHECKWRITE SUMMARY REPORT				
				CHECKWRITE DATE: 05/25/2006 FINANCIAL PAYER: NCDMH	+	—		
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404901	SMOKY MOUNTAINM	8599	147	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	H/DD/SAS	+		BENEFIT PACKAGE.				
ļ		8505	86	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	C	268	358	90
		+		NT BUDGET				
		1						
		8800	18	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
		+		FUTURE RA'S.				
3404904	WESTERN HIGHLAN	8505	6658	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	DS LME			NT BUDGET				
		+						
		8800	213	FURTHER PROCESSING NECESSARY,	C	7002	8187	1185
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		11	103	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE	1			
		+			+		 	
3404910	PATHWAYS	8505	372	CLAIM DENIED DUE TO INSUFFICIE				
		4		NT BUDGET				
-		+					 	
		7702	57	IPRS DOES NOT ACCEPT ONE OR MO	2	566	1280	714
				RE OF THE BILLED MODIFIERS				
		+		PLEASE CORRECT THE MODIFIER IN		-	-	-
		8800	41	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404912	CATAWBA COUNTYM	8505	1848	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800	91	FURTHER PROCESSING NECESSARY,		2025	2677	652
				PLEASE CHECK FOR CLAIM ON		2025	20//	632
				FUTURE RA'S.				
		8536	33	ATTENDING PROVIDER TYPE AND SP				
		0330	22	ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
ļ								
3404913	MECKLENBURG COM	11	2	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		0	0			2	2	
		+						
3404916	CROSSROADS BEHA VIORAL HEAL	79	29	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
	VIORAL HEAL							
				PROVIDER TYPE AND SPECIALTY IN				
		8000	24	NO RATE AVAILABLE ON FILE TO P	C	93	5168	5075
		8000	24		C	93	5168	5075
			24	NO RATE AVAILABLE ON FILE TO P	C	93	5168	5075
		8000	24	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN	C	93	5168	5075
			24	NO RATE AVAILABLE ON FILE TO P	C	93	5168	5075
		120	23	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	C	93	5168	5075
3404917	CENTERPOINT HUM		23	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. REFER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE	C	93	5168	5075
3404917	CENTERPOINT HUM AN SERVICES	120	23	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	C	93	5168	5075
3404917		120	23	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	C	93	5168	5075
3404917		120	23	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. RWIFER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT	110			
3404917		120	23	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. EMPER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	110			
3404917		120	23	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. RWIFER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT	110			
3404917		120	23	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y	110			
3404917		120 8505	23 1029 770	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAVABLE FOR Y OUR PROVIDER TYPE AND	110			
3404917		120 8505	23 1029 770	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y	110			
3404917	AN SERVICES ROCKINGHAM CO M	120 8505	23 1029 770	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT PAVABLE FOR Y OUR PROVIDER TYPE AND	110			
	AN SERVICES	8505 8599 8537	23 1029 770	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. ENTER CIO AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT FAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	110			
	AN SERVICES ROCKINGHAM CO M	8505 8599 8537	23 1029 770	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. ENTER CIO AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT FAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	110			
	AN SERVICES ROCKINGHAM CO M	8505 8599 8537	23 1029 770	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. ENTER CIO AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT FAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	110			
	AN SERVICES ROCKINGHAM CO M	8505 8599 8537	23 1029 770	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. ENTER CIO AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT FAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	110			
3404918	AN SERVICES ROCKINGHAM CO M ENTAL HEALT	8505 8599 8537	23 1029 770 333 0	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. RHTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BEWEFIT FACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN *** NO DATA TO REPORT ***	110			
	AN SERVICES ROCKINGHAM CO M ENTAL HEALT GUILFORD CO MEN	8505 8599 8537	23 1029 770	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. ENTER CIO AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. PROCEDURE IS NOT FAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	110			
3404918	AN SERVICES ROCKINGHAM CO M ENTAL HEALT	8505 8599 8537	23 1029 770 333 0	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. BUTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMMINAT ION OF RECIPIENT, PROVIDER AND BEREIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE	110			
3404918	AN SERVICES ROCKINGHAM CO M ENTAL HEALT GUILFORD CO MEN	8505 8599 8537 0	23 1029 770 333 0 0	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. REFORE CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NY BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BEWEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCOMDANCE TO MEN *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NY BUDGET	110	3460	6128	2668
3404918	AN SERVICES ROCKINGHAM CO M ENTAL HEALT GUILFORD CO MEN	8505 8599 8537	23 1029 770 333 0	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. RHTER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN *** NO DATA TO REFORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY,	110		6128	2668
3404918	AN SERVICES ROCKINGHAM CO M ENTAL HEALT GUILFORD CO MEN	8505 8599 8537 0	23 1029 770 333 0 0	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. REFORE CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NY BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BEWEFIT PACKAGE. PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCOMDANCE TO MEN *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NY BUDGET	110	3460	6128	2668
3404918	AN SERVICES ROCKINGHAM CO M ENTAL HEALT GUILFORD CO MEN	8505 8599 8537 0	23 1029 770 333 0 0	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. RETURN CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. PROCEDURE IS NOT PAVABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	110	3460	6128	2668
3404918	AN SERVICES ROCKINGHAM CO M ENTAL HEALT GUILFORD CO MEN	8505 8599 8537 0	23 1029 770 333 0 0	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. RETER CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. PROCEDURE IS NOT FAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, FLEASE CHECK FOR CLAIM ON	110	3460	6128	2668
3404918	AN SERVICES ROCKINGHAM CO M ENTAL HEALT GUILFORD CO MEN	8505 8599 8537 0	23 1029 770 333 0 0	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL CLIENT ID NUMBER MISSING OR IN VALID. RETURN CID AND SUBMIT AS A NEW CLAIM CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. PROCEDURE IS NOT PAVABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN *** NO DATA TO REPORT *** CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	110	3460	6128	2668

				-

		I		Т			TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	ALAMANCE CASWEL	8599	1152	DETAIL NOT COVERED BY COMBINAT				
I	L AREA MH D			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	168	DUPLICATE OF CLAIM-SYSTEM	86	1757	5045	3288
		79	76	THIS SERVICE IS NOT PAYABLE TO				-
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404921 C	ORANGE PERSON C	8505	2567	CLAIM DENIED DUE TO INSUFFICIE				
Н	HATHAM AREA			NT BUDGET				
		8800	109	FURTHER PROCESSING NECESSARY,	3	2921	3228	307
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8599	103	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				-
				BENEFIT PACKAGE.				
3404922 T		0505	10801	CLAIM DENIED DUE TO INSUFFICIE				
	THE DURHAM CENT ER	8505	10001	NT BUDGET				
		8800	286	FURTHER PROCESSING NECESSARY,	^	11100	11106	
				PLEASE CHECK FOR CLAIM ON	U	11100	11106	ь
				FUTURE RA'S.				<u> </u>
		21	9	DUPLICATE OF CLAIM-SYSTEM				+
3404923 F	FIVE COUNTY MH	8599	93	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				1
		11	11	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	131	1833	1702
				DATE				
		79	9	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404925 S	SANDHILLS CENTE	8505	2063	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8800	538	FURTHER PROCESSING NECESSARY,	154	3996	7948	3952
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				-
		8599	284	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
2404026		0500	264	DETAIL NOT COVERED BY COMBINAT				
	SOUTHEASTERN RE G MENTAL HL	8599	264	ION OF RECIPIENT, PROVIDER AND				-
				BENEFIT PACKAGE.				
		11	88	CLIENT NOT ELIGIBLE ON SERVICE	,	522	4580	4058
				DATE	ь	522	080	4038
								
		8533	67	SERVICE FACILITY LOCATION CANN				
				OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.				1
				AND AND AND AND INDIVIDUAL.				+
	CUMBERLAND CO M	8505	687	CLAIM DENIED DUE TO INSUFFICIE				
Н	HC			NT BUDGET				+
		8800	87	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	968	2009	1041
				FUTURE RA'S.				
		11	69	CLIENT NOT ELIGIBLE ON SERVICE				1
				CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404929 T	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				+
	DD/SAS							
								1
		0	0		0	0	0	0
3404930 ,	JOHNSTON COUNTY	8505	203	CLAIM DENIED DUE TO INSUFFICIE				-
-	MNTL HLTHC			NT BUDGET				
			_			_		\vdash
			1	İ				
		8800	6	FURTHER PROCESSING NECESSARY,	0	209	215	6
		8800	6	PLEASE CHECK FOR CLAIM ON	0	209	215	6
		8800	6		0	209	215	6

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF	PROGRAMMON	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404931	WAKE CO HUM SVC	8505	318	CLAIM DENIED DUE TO INSUFFICIE				
	BILLING OF			NT BUDGET				
		11	231	CLIENT NOT ELIGIBLE ON SERVICE				
		11	231	DATE	C	654	662	8
		8800	48	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FOTONE RA S.				
3404933	SOUTHEASTERN CT	21	28	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		8599	27	DETAIL NOT COVERED BY COMBINAT		110	1213	1103
				ION OF RECIPIENT, PROVIDER AND	-	110	1213	1103
				BENEFIT PACKAGE.				
		11	26	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				DATE				
3404934	ONSLOW CARTERET	11	2449	CLIENT NOT ELIGIBLE ON SERVICE				
	BEHAV HEAL			DATE			<u> </u>	
	1	1					 	
	+	8505	720	CLAIM DENIED DUE TO INSUFFICIE	1	3739	4532	793
	1			NT BUDGET	1	3/39	4332	/9:
		8800	252	FURTHER PROCESSING NECESSARY,				
	1	0000	353	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	-		 	
	 			FUTURE RA'S.	1		 	
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	
						_		
3404936	WILSON-GREENE M	8505	65	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ENTAL HEALT			NI BODGET				
		191	15	CLIENT ID NUMBER DOES NOT MATC	7	99	784	685
				H PATIENT NAME				
		79	6	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404937		21	68	DUPLICATE OF CLAIM-SYSTEM				
2404937	EDGECOMBE NASH MNTL HLTH C	21	00	DOPLICATE OF CLAIM-SISTEM				
	MNIL HLIH C							
		8505	3	CLAIM DENIED DUE TO INSUFFICIE	0	82	1196	1114
				NT BUDGET				
		537	3	PROCEDURE IS NOT COVERED FOR T				
	1			HIS DATE OF SERVICE	1		1	
3404938		0	0	*** NO DATA TO DEPORT ***				
2404328	VGFW DBA RIVERS	0	v	*** NO DATA TO REPORT ***	-		 	
	TONE COUNSE				1		 	
		1					1	
		0	0		C	0	0	C
	1	1						
3404939	NEUSE MENTAL HE	8505	47	CLAIM DENIED DUE TO INSUFFICIE	1		 	-
	NEUSE MENTAL HE ALTH CENTER			NT BUDGET	†		†	
		0500	20	DUMANTA NOT COMPAND DV			<u> </u>	
	1	8599	28	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	C	89	510	421
	1	1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1		 	-
	1				1		1	
		7003	9	EXCEEDS MAXIMUM UNITS ALLOWED				
	1	1		PER DAY(S)				
	1	1			-		 	
3404941	PITT CO MH/DD/S	8535	1622	SERVICE FACILITY LOCATION WAS			 	-
	AS CENTER			NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
		0.1	1506	NAME AND ADDRESS OF TAXABLE PARTY.			<u> </u>	
	1	21	1526	DUPLICATE OF CLAIM-SYSTEM	C	4474	5905	1431
				1	1	1	1	
		8599	656	DETAIL NOT COVERED BY COMBINAT				
		8599	656	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	6	44	448	404
				RVICES IN IPRS.				
		21	4	DUPLICATE OF CLAIM-SYSTEM				
				borning of chills ording				
3404943	ALBEMARLE MENTA	8505	188	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE			NT BUDGET				
		8599	166	DETAIL NOT COVERED BY COMBINAT	43	585	1565	980
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8800	66	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
	+	1	-	FUTURE RA'S.		1	+	
2404044		0.1	1005	DUDI TOURS OF OTATA OVORSA				
3404944	EASTPOINTE HUMA	21	1895	DUPLICATE OF CLAIM-SYSTEM		1	-	1
	N SERVICES		-	+		1	-	-
		8599	1559	DETAIL NOT COVERED BY COMBINAT	118	7159	13992	6833
				ION OF RECIPIENT, PROVIDER AND	110	/135	13992	0033
				BENEFIT PACKAGE.				
		79	1483	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM	8505	11636	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		79	3505	THIS SERVICE IS NOT PAYABLE TO	89	19907	24157	4250
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		21	2199	DUPLICATE OF CLAIM-SYSTEM				
3404957		8505	2042	CLAIM DENIED DUE TO INSUFFICIE				
3404937	TIDELAND MENTAL	0303	2042	NT BUDGET				
	HEALTH CTR			NI BODGEI				
		8800	215	FURTHER PROCESSING NECESSARY,		2337	2348	11
				PLEASE CHECK FOR CLAIM ON		2331	2340	11
		1		FUTURE RA'S.		1		
		537	38	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404979	NEW RIVER AREAM	8505	5040	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
		11	215	CLIENT NOT ELIGIBLE ON SERVICE		1	377	376
				DATE		1		
				1		1		
		0000	100	THE PROPERTY OF THE PROPERTY O				
	1	8800	106	FURTHER PROCESSING NECESSARY,			1	
	1	1	1	PLEASE CHECK FOR CLAIM ON		1	1	1
				FUTURE RA'S.				